

MULTI-DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SEARCH NO. 83/701626 FILING DATE  
APPLICANT(S)

CLAIMS

|              | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|----------|------|------------------------|------|------------------------|------|
|              | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1            | /        |      |                        |      |                        |      |
| 2            | /        |      |                        |      |                        |      |
| 3            | /        |      |                        |      |                        |      |
| 4            | /        |      |                        |      |                        |      |
| 5            | /        |      |                        |      |                        |      |
| 6            | /        |      |                        |      |                        |      |
| 7            | /        |      |                        |      |                        |      |
| 8            | /        |      |                        |      |                        |      |
| 9            | /        |      |                        |      |                        |      |
| 10           | /        |      |                        |      |                        |      |
| 11           | /        |      |                        |      |                        |      |
| 12           | /        |      |                        |      |                        |      |
| 13           | /        |      |                        |      |                        |      |
| 14           | /        |      |                        |      |                        |      |
| 15           | /        |      |                        |      |                        |      |
| 16           | /        |      |                        |      |                        |      |
| 17           | /        |      |                        |      |                        |      |
| 18           |          |      |                        |      |                        |      |
| 19           |          |      |                        |      |                        |      |
| 20           |          |      |                        |      |                        |      |
| 21           |          |      |                        |      |                        |      |
| 22           |          |      |                        |      |                        |      |
| 23           |          |      |                        |      |                        |      |
| 24           |          |      |                        |      |                        |      |
| 25           |          |      |                        |      |                        |      |
| 26           |          |      |                        |      |                        |      |
| 27           |          |      |                        |      |                        |      |
| 28           |          |      |                        |      |                        |      |
| 29           |          |      |                        |      |                        |      |
| 30           |          |      |                        |      |                        |      |
| 31           |          |      |                        |      |                        |      |
| 32           |          |      |                        |      |                        |      |
| 33           |          |      |                        |      |                        |      |
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| 35           |          |      |                        |      |                        |      |
| 36           |          |      |                        |      |                        |      |
| 37           |          |      |                        |      |                        |      |
| 38           |          |      |                        |      |                        |      |
| 39           |          |      |                        |      |                        |      |
| 40           |          |      |                        |      |                        |      |
| 41           |          |      |                        |      |                        |      |
| 42           |          |      |                        |      |                        |      |
| 43           |          |      |                        |      |                        |      |
| 44           |          |      |                        |      |                        |      |
| 45           |          |      |                        |      |                        |      |
| 46           |          |      |                        |      |                        |      |
| 47           |          |      |                        |      |                        |      |
| 48           |          |      |                        |      |                        |      |
| 49           |          |      |                        |      |                        |      |
| 50           |          |      |                        |      |                        |      |
| TOTAL IND.   | 5        |      |                        |      |                        |      |
| TOTAL DEP.   | 12       |      |                        |      |                        |      |
| TOTAL CLAIMS | 17       |      |                        |      |                        |      |

|              |      |      |      |
|--------------|------|------|------|
| *            | *    | *    | *    |
| IND.         | DEP. | IND. | DEP. |
| 61           |      |      |      |
| 62           |      |      |      |
| 63           |      |      |      |
| 64           |      |      |      |
| 65           |      |      |      |
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| 86           |      |      |      |
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| 91           |      |      |      |
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| 93           |      |      |      |
| 94           |      |      |      |
| 95           |      |      |      |
| 96           |      |      |      |
| 97           |      |      |      |
| 98           |      |      |      |
| 99           |      |      |      |
| 100          |      |      |      |
| TOTAL IND.   |      |      |      |
| TOTAL DEP.   |      |      |      |
| TOTAL CLAIMS |      |      |      |